

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER GENTLE HANDS I	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 26, 2023. The complaint was unsubstantiated (intake #NC00194598). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111	<p><i>See page 2</i></p> <p>DHSR - Mental Health</p> <p>FEB 06 2023</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cynthia Louise Evans</i>	TITLE	(X6) DATE <i>2/2/23</i>
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V 111	Continued From page 1 referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete an assessment prior to admission affecting 1 of 3 audited clients (#6). The findings are: Review on 1/26/23 of client #6's record revealed: - 41 year old female; "re-admission" 8/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Hypertension; and obesity. - No admission assessment completed prior to client's readmission 8/01/21. During interview on 1/26/23 client #6 stated her main goal was to get a "steady paycheck," save some money, and get her "own place." During interview on 1/26/23 the Administrator/Director stated an admission assessment was not completed prior to client #6's readmission to the facility. She understood the requirement for an assessment to be completed prior to the delivery of services.	V 111	V111 Assessment and Treatment/Habilitation or Service Plan Client #6 <u>Corrective Action/Monitoring/Frequency/Measures</u> Assessment Plan has been written. Assessment/Treatment/Habilitation or Service Plans will be completed prior to admission as a part of the pre-admissions process. This was not done with this client because she was transferred from a sister home. Annual review of records will continue to include checks to verify that this documentation is part of the client's records and reflect her current placement. <u>Measures to Prevent This from Recurring</u> There is no longer a sister facility to transfer to or from. All future admissions into GHI will adhere to the known guidelines of ensuring that the pre-admissions assessment is completed prior to admission of a new client. The QP will review all admitting documentation and sign off to ensure that all required admissions documents are present.	2/6/2023

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V 112	Continued From page 2	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies based on assessment for 1 of 3	V 112		
			See page 4	

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V 112	<p>Continued From page 3</p> <p>audited clients (#6). The findings are:</p> <p>Review on 1/26/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - 41 year old female; "re-admission" 8/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Hypertension; and obesity. - No treatment/habilitation or service plan. <p>During interview on 1/26/23 client #6 stated her main goal was to get a "steady paycheck," save some money, and get her "own place."</p> <p>During interview on 1/26/23 the Administrator/Director stated:</p> <ul style="list-style-type: none"> - Client #6 did not have a current treatment/habilitation or service plan for residential services. - Client #6 had a service plan via her day program, but it did not include residential goals or strategies. - She had spoken with the Qualified Professional and they would develop goals and strategies for client #6 with input from the client and other team members. - She understood the requirement for treatment/habilitation or service plan to be developed within 30 days of admission for clients expected to receive services beyond 30 days. 	V 112	<p>V112</p> <p>Client #6 Assessment/Treatment/Habilitation Plan</p> <p><u>Corrective Action/Monitoring/Frequency/Measures</u></p> <p>QP, Director & treatment team will work with client to develop residential goals and strategies .</p> <p>The implementation of a Treatment Plan will be worked on within the first 10 days of admissions and completed within the 30 day timeline. Annual review of records will continue to verify that the Treatment Plans are present and current.</p> <p><u>Measures to Prevent This from Recurring</u></p> <p>The QP will review upon her visit with new client all admitting documentation and begin to work on the PCP within the first 10 days of admissions. The director will continue to calendarize review dates and times & schedule team meetings to ensure they are updated promptly.</p> <p>The director will also work with the clinical home/day program manager to possibly incorporate the residential goals with those of the day program such that there is one plan containing goals for both setting.</p>	2/17/2023